



A State Agency Serving the People of Caroline County

Caroline County Health Department

Division of Environmental Health

Leland Spencer, M.D., MPH, Health Officer

Attilio Zarrella, Th.D., Deputy Health Officer

TO BE COMPLETED BY THE WELL DRILLER AND MADE A PART OF THE PERMIT TO DRILL WELL

Property Owner: _____

Day Phone: _____

Driller: _____

Driller's License #: _____

Location of property (911 address): _____

MAP _____ BLOCK _____ PARCEL _____ (LOT _____ IN _____)
NAME OF SUBDIVISION

Circle applicable box(es):

[Y] The existing well will be abandoned and sealed under my license

[A] The pitless adaptor will be installed under my license

[P] The pump will be installed under my license

FOR REPLACEMENT WELLS A SCALED DRAWING OF 1"= _____ feet is shown on the back identifying the proposed well site. All septic systems and sewage reserved areas within 150' of proposed well site are shown on the drawing. The proposed well site has been staked on the property.

All well construction operations will be carried out and completed in accordance with the regulations of the State of Maryland (COMAR 26.04.04, COMAR 26.04.02, COMAR 26.05.01).

I understand that 4" well casing is required for first 250 feet or top of aquifer—which ever comes first.

Driller's Signature: _____

Date: _____

*******BELOW TO BE COMPLETED BY HEALTH DEPARTMENT AND MADE PART OF THE PERMIT TO DRILL WELL*******

Special Conditions - circle applicable box(es):

[C] Water supplying this well shall be from a confined formation.

The unconfined strata must be sealed off by grouting.

[A] The well being replaced is required to be filled and sealed in accordance with COMAR 26.04.04.

Complete and return the attached Well Abandonment Report with the Completion Report.

[S] The separation between the well and sewage reserved area to be a minimum of [50'] [100'] [150']

[G] Schedule grout inspection.

[T] Test well to be abandoned and sealed by permitted well driller upon completion of testing.

Submit Well Abandonment Report.

[O] Other: _____

CO- _____
Well Permit # __________
Date of Approval_____
Sanitarian Signature

Revised-September 2015